

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of: Illinois
(State)

Case number (if known) _____

Chapter you are filing under:

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport) Bring your picture identification to your meeting with the trustee.	<p>JaTina First name</p> <p>Harrison Middle name</p> <p>Last name</p> <p>Suffix (Sr., Jr., II, III)</p>	<p>First name</p> <p>Middle name</p> <p>Last name</p> <p>Suffix (Sr., Jr., II, III)</p>
2. All other names you have used in the last 8 years Include your married or maiden names.	<p>First name</p> <p>Middle name</p> <p>Last name</p> <p>First name</p> <p>Middle name</p> <p>Last name</p>	<p>First name</p> <p>Middle name</p> <p>Last name</p> <p>First name</p> <p>Middle name</p> <p>Last name</p>
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	<p>XXX - XX- <u>3972</u></p> <p>OR</p> <p>9 XX - XX- _____</p>	<p>XXX - XX- _____</p> <p>OR</p> <p>9 XX - XX- _____</p>

Debtor 1 JaTina
First Name

Middle Name

Harrison
Last Name

Case number (if known)

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

I have not used any business names or EINs.

Business name

Business name

Include trade names and doing business as names

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

1930 Pulaski Rd

Number Street
Apt. 2W

Calumet City Illinois 60409
City State Zip Code

Cook
County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

City State Zip Code

If Debtor 2 lives at a different address:

Number Street

City State Zip Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

City State Zip Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
 I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
 I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
First Name Middle Name Last Name

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form B2010). Also, go to the top of page 1 and check the appropriate box.)*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.

Yes. District _____ When _____ Case number _____
District _____ When _____ Case number _____
District _____ When _____ Case number _____
MM / DD / YYYY
MM / DD / YYYY
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No.

Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
MM / DD / YYYY
MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 JaTina _____
First Name Middle Name Last Name Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

- No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Name of business, if any

Number Street

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

City State Zip Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

- No.
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City State Zip Code

Debtor 1 JaTina
First Name

Harrison
Middle Name
Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

- Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

- Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.		
	16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.		
	16c. State the type of debts you owe that are not consumer debts or business debts. <hr/>		
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.		
18. How many creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0-\$50,000 <input checked="" type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you	<p>I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.</p> <p>If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.</p> <p>If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p>		
	<small>/s/ JaTina Harrison</small> <small>Signature of Debtor 1</small>		<small>Signature of Debtor 2</small>
<small>Executed on</small> <u>8/21/2018</u> <small>MM / DD / YYYY</small>	<small>Executed on</small> <u> </u> <small>MM / DD / YYYY</small>		

Debtor 1 JaTina _____
First Name Middle Name Last Name Case number (if known) _____

**For your attorney, if you
are represented by one** I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about
eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the
relief available under each chapter for which the person is eligible. I also certify that I have delivered to the
debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I
have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not
represented by an
attorney, you do not
need to file this page.**

/s/ Hilary L Jabs
Signature of Attorney for Debtor

Date

8/21/2018

MM / DD / YYYY

Hilary L Jabs
Printed name

Semrad Law Firm

Firm name

11101 S. Western Avenue

Street

Chicago
City

Illinois
State

60643
Zip Code

Contact phone 3122234975

Email address

hjabs@semradlaw.com

Bar number

Illinois
State

Fill in this information to identify your case:

Debtor 1	JaTina	Harrison
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:		Northern
		District of Illinois (State)
Case number (If known)		

Check if this is an amended filing

Official Form 106Sum

Your liabilities	Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$8,077.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of <i>Schedule D</i>	<hr/>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<hr/>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$56,397.99 <hr/>
Your total liabilities	\$64,474.99 <hr/>

Part 3: **Summarize Your Income and Expenses**

4. <i>Schedule I: Your Income</i> (Official Form 106I)	\$2,048.00
Copy your combined monthly income from line 12 of <i>Schedule I</i>	<hr/>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	\$2,060.00
Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i>	<hr/>

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes.

7. What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.

- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$3,305.42

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$0.00
9g. Total. Add lines 9a through 9f.	\$0.00

Fill in this information to identify your case:

Debtor 1	JaTina First Name	Harrison Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern		District of Illinois (State)	
Case number (If known) _____			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2

Yes. Where is the property?

1.1 Street address, if available, or other description

 Number Street

 City State Zip Code _____

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____ **Current value of the portion you own?** _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)



Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2 Street address, if available, or other description

 Number Street

 City State Zip Code _____

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____ **Current value of the portion you own?** _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)



Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Debtor 1	JaTina First Name	Harrison Middle Name	Last Name	Case number (if known)
1.3 Street address, if available, or other description				What is the property? Check all that apply.
				<input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other _____
Number	Street			Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
City	State	Zip Code		
Who has an interest in the property? Check one.				Current value of the entire property? Current value of the portion you own?
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.				
				Check if this is community property (see instructions)
				<input type="checkbox"/>
Other information you wish to add about this item, such as local property identification number:				
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.				
..... ►				

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make _____ Chevrolet
 Model: _____ Malibu
 Year: _____ 2012
 Approximate mileage: _____

Other information:
 2012 Chevrolet Maibu

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**
 \$0.00 \$0.00

3.2 Make _____
 Model: _____
 Year: _____
 Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**
 _____ _____

Debtor 1	JaTina First Name	Harrison Middle Name	Last Name	Case number (if known)	
3.3	Make Model: Year: Approximate mileage:	Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)		Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
	Other information:			Current value of the entire property?	Current value of the portion you own?
3.4	Make Model: Year: Approximate mileage:	Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)		Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
	Other information:			Current value of the entire property?	Current value of the portion you own?
4	Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories				
	Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
4.1	Make Model: Year: Approximate mileage:	Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)		Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
	Other information:			Current value of the entire property?	Current value of the portion you own?
4.2	Make Model: Year: Approximate mileage:	Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)		Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
	Other information:			Current value of the entire property?	Current value of the portion you own?
5.	Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here				

Debtor 1 JaTina _____
First Name Middle Name Harrison Last Name Case number (if known) _____

Part 3: **Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe... Bedroom set, Living room set, Dining room set \$2000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music

No
 Yes. Describe... TVs (3), Laptop \$1500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe... _____

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe... _____

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe... _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe... Misc. Clothing \$2000.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No
 Yes. Describe... _____

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No
 Yes. Describe... _____

14. Any other personal and household items you did not already list, including any health aids you did not list

No
 Yes. Describe... _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$5500.00

Debtor 1 JaTina Harrison Case number (if known) _____

Part 4: **Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition.

No
 Yes Cash: _____

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No Yes Institution name:

- | | | |
|--------------------------------|--------------------|----------|
| 17.1. Checking account: | PNC | \$500.00 |
| 17.2. Checking account: | First Midwest Bank | \$0.00 |
| 17.3. Savings account: | | |
| 17.4. Savings account: | | |
| 17.5. Certificates of deposit: | | |
| 17.6. Other financial account: | | |
| 17.7. Other financial account: | | |
| 17.8. Other financial account: | | |
| 17.9. Other financial account: | | |

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No Yes Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- | | | |
|--|-------------------|-----------------|
| <input checked="" type="checkbox"/> No | Name of entity | % of ownership: |
| <input type="checkbox"/> Yes. Give specific information about them | <hr/> <hr/> <hr/> | |

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____

First Name Middle Name Last Name

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them..... Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:	Institution name:
401(k) or similar plan:	Fed Ex \$0.00
Pension plan:	
IRA:	
Retirement account:	
Keogh:	
Additional account:	
Additional account:	

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes....

Electric:	Institution name:
Gas:	
Heating oil:	
Security deposit on rental unit:	
Prepaid rent:	
Telephone:	
Water:	
Rented furniture:	
Other:	

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes....

Issuer name and description:	

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____

First Name Middle Name Last Name

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No
 Yes....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- No
 Yes. Describe...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- No
 Yes. Describe...

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- No
 Yes. Describe...

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

- No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal:	\$0.00
State:	\$0.00
Local:	\$0.00

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No
 Yes. Give specific information.....

Alimony:	\$0.00
Maintenance:	\$0.00
Support:	\$0.00
Divorce settlement:	\$0.00
Property settlement:	\$0.00

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No
 Yes. Describe...

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____

First Name Middle Name Last Name

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.....

Company name:

Term Life Insurance

Beneficiary:

Mother

Surrender or refund value:

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Describe...

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe...

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe...

35. Any financial assets you did not already list

No

Yes. Describe...

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here ►

\$500.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions

38. Accounts receivable or commissions you already earned

No

Yes. Describe...

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe...

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____

First Name

Middle Name

Last Name

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe...

41. Inventory

No

Yes. Describe...

42. Interests in partnerships or joint ventures

No

Yes. Give specific information about them

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

44. Any business-related property you did not already list

No

Yes. Give specific information

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

Part 6: **Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes. Describe...

Debtor 1 JaTina _____
First Name Middle Name Harrison Last Name Case number (if known) _____

48. Crops-either growing or harvested

No

Yes. Describe...

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No

Yes. Describe...

50. Farm and fishing supplies, chemicals, and feed

No

Yes. Describe...

51. Any farm- and commercial fishing-related property you did not already list

No

Yes. Describe...

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached
for Part 6. Write that number here ►

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information

54. Add the dollar value of all of your entries from Part 7. Write that number here ►

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 ►

56. part 2 total vehicles, line 5

57. Part 3: Total personal and household items, line 15

\$5500.00

58. Part 4: Total financial assets, line 36

\$500.00

59. Part 5: Total business-related property, line 45

60. Part 6: Total farm- and fishing-related property, line 52

61. Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61.

\$6000.00

Copy personal property total ►

+ \$6000.00

63. Total of all property on Schedule A/B. Add line 55 + line 62....

\$6000.00

Fill in this information to identify your case:

Debtor 1	JaTina First Name	Harrison Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern		District of Illinois (State)	
Case number (If known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>		
Brief description: <u>Checking account, PNC</u>	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Line from <i>Schedule A/B:</i> 17			
Brief description: <u>Checking account, First Midwest Bank</u>	\$0.00	<input checked="" type="checkbox"/> \$0 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Line from <i>Schedule A/B:</i> 17			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 JaTina
 First Name Middle Name Harrison Last Name Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <i>Copy the value from Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
<u>Brief description:</u> <u>Bedroom set, Living room set, Dining room set</u>	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> <u>100% of fair market value, up to any applicable statutory limit</u>	<u>735 ILCS 5/12-1001(b)</u>
<u>Line from Schedule A/B:</u> <u>06</u>			
<u>Brief description:</u> <u>Misc. Clothing</u>	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> <u>100% of fair market value, up to any applicable statutory limit</u>	<u>735 ILCS 5/12-1001(a)</u>
<u>Line from Schedule A/B:</u> <u>11</u>			
<u>Brief description:</u> <u>TVs (3), Laptop</u>	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,500.00</u> <input type="checkbox"/> <u>100% of fair market value, up to any applicable statutory limit</u>	<u>735 ILCS 5/12-1001(b)</u>
<u>Line from Schedule A/B:</u> <u>07</u>			
<u>Brief description:</u> <u>Term Life Insurance</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0</u> <input type="checkbox"/> <u>100% of fair market value, up to any applicable statutory limit</u>	<u>735 ILCS 5/12-1001(f)</u>
<u>Line from Schedule A/B:</u> <u>31</u>			
<u>Brief description:</u> <u>401(k) or similar plan, Fed Ex</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0</u> <input type="checkbox"/> <u>100% of fair market value, up to any applicable statutory limit</u>	<u>735 ILCS 5/12-1006</u>
<u>Line from Schedule A/B:</u> <u>21</u>			

Fill in this information to identify your case:

Debtor 1	JaTina First Name	Harrison Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern		District of Illinois (State)	
Case number (If known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name 909 DAVIS ST STE 260 Number Street EVANSTON IL 60201 City State ZIP Code	Describe the property that secures the claim: 2012 Chevrolet Malibu	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
			\$8,077.00	\$0.00	\$8,077.00
Who owes the debt? Check one.		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 9/2017		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
		Last 4 digits of account number 7901			
Add the dollar value of your entries in Column A on this page. Write that number here:			\$8,077.00		

Fill in this information to identify your case:

Debtor 1	JaTina	Harrison	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (If known)			

Official Form 106E/F

Check if this is an amended filing

12/15

Schedule E/F: Creditors Who Have Unsecured Claims

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
----------------	--------------------	-----------------------

Debtor 1 JaTina Harrison Case number (if known)

First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

- 3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

- 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

4.1	1st Loan Financial			Total claim \$1,500.00
Nonpriority Creditor's Name 4714 W Lincoln Highway Number Street			Last 4 digits of account number	
			When was the debt incurred?	n/a
			As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent	
			<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
			Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans	
			<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
			<input checked="" type="checkbox"/> Other. Specify _____ Other	
Matteson Illinois 60443 City State Zip Code				
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.2	Advance America			\$332.38
Nonpriority Creditor's Name 800 Belle Terre Pkwy Number Street			Last 4 digits of account number	
Suite 212			When was the debt incurred?	n/a
			As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent	
			<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
			Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans	
			<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
			<input checked="" type="checkbox"/> Other. Specify _____ Other	
Palm Coast Florida 32164 City State Zip Code				
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.3	Advanced Midwest Radiology			\$50.00
Nonpriority Creditor's Name 44000 Garfield Road Number Street			Last 4 digits of account number	
			When was the debt incurred?	n/a
			As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent	
			<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
			Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans	
			<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
			<input checked="" type="checkbox"/> Other. Specify _____ Other	
Clinton Township Michigan 48038 City State Zip Code				
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim	
4.4 Affinia Healthcare Nonpriority Creditor's Name 4414 N Florissant Ave Number Street Saint Louis Missouri 63107 City State Zip Code				Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$300.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	
4.5 AMCA Nonpriority Creditor's Name 2269 S SAW MILL RIVER ROAD Number Street ELMSFORD New York 10523 City State Zip Code				Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$510.05
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	
4.6 American Medical Collection Agency Nonpriority Creditor's Name 4 Westchester Plaza # Suite 110 Number Street Elmsford New York 10523 City State Zip Code				Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$510.05
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.7 Aunt Martha's Women's Health Center Nonpriority Creditor's Name 233 W Joe Orr Rd. Number Street Chicago Heights Illinois 60411 City State Zip Code				Last 4 digits of account number _____ \$1,000.00 When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim relates to a community debt <input type="checkbox"/>				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.8 Bank of America Nonpriority Creditor's Name PO Box 982236 Number Street El Paso Texas 79998 City State Zip Code				Last 4 digits of account number _____ \$500.00 When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim relates to a community debt <input type="checkbox"/>				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.9 Barnes Jewish Hospital Nonpriority Creditor's Name 1 Barnes Jewish Hospital Plaza Number Street Saint Louis Missouri 63110 City State Zip Code				Last 4 digits of account number _____ \$339.82 When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim relates to a community debt <input type="checkbox"/>				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	JaTina First Name	Harrison Middle Name	Last Name	Case number (if known)
Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page				
After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				
				Total claim
4.10	CAINE & WEINER CO Nonpriority Creditor's Name PO BOX 55848 Number Street		Last 4 digits of account number <u>4638</u>	\$126.00
				When was the debt incurred? <u>1/2016</u>
				As of the date you file, the claim is: Check all that apply.
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
				Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: Other. Specify <u>PROGRESSIVE INSURANCE</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.11	Canfield Green Apartments Nonpriority Creditor's Name 2974 Coppercreek Rd Number Street		Last 4 digits of account number <u>n/a</u>	\$120.00
				When was the debt incurred? <u>n/a</u>
				As of the date you file, the claim is: Check all that apply.
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
				Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Other</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.12	CAVALRY PORTFOLIO SERV Nonpriority Creditor's Name 4050 E COTTON CENTER BLV Number Street		Last 4 digits of account number <u>2657</u>	\$7,378.00
				When was the debt incurred? <u>12/2015</u>
				As of the date you file, the claim is: Check all that apply.
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
				Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: EXETER Other. Specify <u>FINANCE CORP</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13	Check N Go Nonpriority Creditor's Name PO Box 566027 Number Street Dallas Texas 75356 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	\$625.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.14	comprehensive pathology svc Nonpriority Creditor's Name PO Box 88087 Number Street Chicago Illinois 60680-1087 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	\$249.20
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.15	CRI Commercial Properties Nonpriority Creditor's Name 1917 Rutgers Number Street Saint Louis Missouri 63104 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	\$7,800.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.16	DEPT OF EDUCATION/NELN Nonpriority Creditor's Name 121 S 13TH ST Number Street LINCOLN Nebraska 68508 City State Zip Code	Last 4 digits of account number <u>1972</u>	\$3,575.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		When was the debt incurred? <u>7/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
4.17	DEPT OF EDUCATION/NELN Nonpriority Creditor's Name 121 S 13TH ST Number Street LINCOLN Nebraska 68508 City State Zip Code	Last 4 digits of account number <u>1872</u>	\$2,933.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		When was the debt incurred? <u>6/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
4.18	DIVERSIFIED CONSULTANT Nonpriority Creditor's Name 10550 DEERWOOD PARK BLVD Number Street JACKSONVILLE Florida 32256 City State Zip Code	Last 4 digits of account number <u>4863</u>	\$454.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		When was the debt incurred? <u>11/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: CHARTER Other. Specify _____ COMMUNICATION	

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.19	EM Strategies Nonpriority Creditor's Name Po Box 487 Number Street Bedford Park Illinois 60499 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	\$1,088.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.20	ENHANCED RECOVERY CO L Nonpriority Creditor's Name 8014 BAYBERRY RD Number Street JACKSONVILLE Florida 32256 City State Zip Code	Last 4 digits of account number 0060 When was the debt incurred? 5/2018 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 001 Collection; Collecting for ORIGINAL CREDITOR: SPRINT	\$937.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.21	Green Door Apartments Nonpriority Creditor's Name 101 Adeline Dr Number Street Belleville Illinois 62221 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	\$2,000.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.22	I C SYSTEM INC Nonpriority Creditor's Name PO BOX 64378 Number Street SAINT PAUL Minnesota 55164 City State Zip Code	Last 4 digits of account number 3089 When was the debt incurred? 5/2017 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 001 Collection; Collecting for ORIGINAL CREDITOR: ATT DIRECTV	\$1,036.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.23 IICIA-Integrated Imaging Consultants, LLC Nonpriority Creditor's Name PO Box 95040 Number Street Chicago Illinois 60694 City State Zip Code		Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other	\$15.56
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.24 Illinois American Water Co. Nonpriority Creditor's Name 95 Meadows Dr. Number Street Giberts Illinois 60136 City State Zip Code		Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other	\$400.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.25	Kurtz Ambulance Service, Inc. Nonpriority Creditor's Name PO Box 457			Last 4 digits of account number _____	\$1,315.50
	Number	Street		When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____	Other _____
	Who incurred the debt? Check one.				
	<input checked="" type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim relates to a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
4.26	Laclede Gas Company Nonpriority Creditor's Name 700 Market Street			Last 4 digits of account number _____	\$450.00
	Number	Street		When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____	Other _____
	Who incurred the debt? Check one.				
	<input checked="" type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim relates to a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
4.27	MBB Nonpriority Creditor's Name 1550 N NORTWEST HWY STE 403			Last 4 digits of account number 0854	\$540.00
	Number	Street		When was the debt incurred? 12/2017	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT DATA	
	Who incurred the debt? Check one.				
	<input checked="" type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim relates to a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.28	Midwest Express Clinic - Munster Nonpriority Creditor's Name 8135 S Calumet Ave Number Street	Last 4 digits of account number _____ When was the debt incurred? _____ n/a	\$64.30
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____		
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	Check if this claim relates to a community debt <input type="checkbox"/>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.29	MIDWST RCVRY Nonpriority Creditor's Name 2747 W CLAY STREET SUITE A Number Street	Last 4 digits of account number 5035 When was the debt incurred? 12/2017	\$717.00
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: 12 THE Other. Specify CASH STORE		
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	Check if this claim relates to a community debt <input type="checkbox"/>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.30	National Credit Adjusters Nonpriority Creditor's Name P.O. BOX 550 327 WEST FOURTH ST Number Street	Last 4 digits of account number _____ When was the debt incurred? _____ n/a	\$433.00
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____		
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	Check if this claim relates to a community debt <input type="checkbox"/>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.31	Nationwide Credit & Collection, Inc Nonpriority Creditor's Name PO Box 3159			Last 4 digits of account number _____	\$1,357.01
	Number	Street		When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____	Other _____
	Who incurred the debt? Check one.				
	<input checked="" type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	Check if this claim relates to a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
4.32	Northwest Healthcare Nonpriority Creditor's Name 1225 Graham Rd			Last 4 digits of account number _____	\$1,500.00
	Number	Street		When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____	Other _____
	Who incurred the debt? Check one.				
	<input checked="" type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	Check if this claim relates to a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
4.33	ONLINE COLLECTIONS Nonpriority Creditor's Name PO BOX 1489			Last 4 digits of account number _____	\$423.00
	Number	Street		When was the debt incurred? _____	1/2018
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____	001 Collection; Collecting for ORIGINAL CREDITOR: AMEREN MISSOURI
	Who incurred the debt? Check one.				
	<input checked="" type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	Check if this claim relates to a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.34	Palos Anesthesia Assoc SC Nonpriority Creditor's Name Department 4622 Number Street Carol Stream Illinois 60122 City State Zip Code			Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	\$540.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.35	Palos Diagnostics SC Nonpriority Creditor's Name PO BOX 5958 Number Street Carol Stream Illinois 60197 City State Zip Code			Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	\$15.28
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.36	Palos Health Nonpriority Creditor's Name PO Box 83239 Number Street Chicago Illinois 60691 City State Zip Code			Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	\$2,117.87
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.37	Physicians Immediate Care - Chicago Nonpriority Creditor's Name PO Box 8799 Number Street Carol Stream Illinois 60197 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$54.11
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.38	RADIUS GLOBAL SOLUTION Nonpriority Creditor's Name 50 W SKIPPACK PIKE Number Street AMBLER Pennsylvania 19002 City State Zip Code	Last 4 digits of account number 3400 When was the debt incurred? 5/2018 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$261.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.39	Silver Cross Hospital Nonpriority Creditor's Name 1900 Silver Cross Blvd Number Street New Lenox Illinois 60451 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,465.65
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.40	Silver Cross Hospital Nonpriority Creditor's Name 1900 Silver Cross Blvd Number _____ Street _____	Last 4 digits of account number _____ When was the debt incurred? _____ n/a	\$624.54
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	New Lenox Illinois 60451 City State Zip Code	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	Check if this claim relates to a community debt <input type="checkbox"/>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.41	South Suburban Gastroenterology, SC Nonpriority Creditor's Name 17901 Governors Highway Number _____ Street _____	Last 4 digits of account number _____ When was the debt incurred? _____ n/a	\$294.73
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Homewood Illinois 60430 City State Zip Code	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	Check if this claim relates to a community debt <input type="checkbox"/>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.42	South Suburban Gastroenterology, SC Nonpriority Creditor's Name 17901 Governors Highway Number _____ Street _____	Last 4 digits of account number _____ When was the debt incurred? _____ n/a	\$54.11
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Homewood Illinois 60430 City State Zip Code	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	Check if this claim relates to a community debt <input type="checkbox"/>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.43	SOUTHWEST CREDIT SYSTE Nonpriority Creditor's Name 5910 W PLANO PKWY STE 10 Number Street PLANO Texas 75093 City State Zip Code	Last 4 digits of account number <u>1225</u>	\$542.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	When was the debt incurred? <u>3/2018</u>	
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: T-MOBILE Other. Specify <u>Other</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.44	SSM Health Saint Louis University Hospital Nonpriority Creditor's Name 3660 Vista Ave Number Street Saint Louis Missouri 63110 City State Zip Code	Last 4 digits of account number <u>n/a</u>	\$435.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	When was the debt incurred? <u>n/a</u>	
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Other</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.45	SSM Health St. Mary's Hospital - St. Louis Nonpriority Creditor's Name 6420 Clayton Rd Number Street Saint Louis Missouri 63117 City State Zip Code	Last 4 digits of account number <u>n/a</u>	\$1,931.22
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	When was the debt incurred? <u>n/a</u>	
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Other</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.46	StoneHaven Apartments Nonpriority Creditor's Name 205 Chaparral Creek Dr Number Street			Last 4 digits of account number _____	\$2,428.00
			When was the debt incurred? _____	n/a	
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim relates to a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.47	T-Mobile Bankruptcy Team Nonpriority Creditor's Name PO Box 53410 Number Street			Last 4 digits of account number _____	\$523.74
			When was the debt incurred? _____	n/a	
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim relates to a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.48	TRANSWORLD SYS INC/55 Nonpriority Creditor's Name 507 Prudential Rd Number Street			Last 4 digits of account number _____	\$66.00
			When was the debt incurred? _____	1/2015	
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify _____ PAYMENT DATA _____					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim relates to a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.49	Universal Credit Acceptance Nonpriority Creditor's Name 910 N Bluff Rd Number Street Collinsville Illinois 62234 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,096.87
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ 2005 Saturn Ion	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.50	US Bank Nonpriority Creditor's Name 425 Walnut Street Number Street Cincinnati Ohio 45202 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$400.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.51	WAKEFIELD & ASSOCIATES Nonpriority Creditor's Name 7005 MIDDLEBROOK PIKE Number Street KNOXVILLE Tennessee 37909 City State Zip Code	Last 4 digits of account number _____ 3053 When was the debt incurred? _____ 7/2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$242.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT DATA	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.52	WAKEFIELD & ASSOCIATES Nonpriority Creditor's Name 7005 MIDDLEBROOK PIKE Number Street	Last 4 digits of account number <u>0113</u>	\$235.00
	KNOXVILLE Tennessee 37909 City State Zip Code	When was the debt incurred? <u>11/2015</u>	
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify <u>PAYMENT DATA</u>		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	Check if this claim relates to a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Dupage Medical Group
Name _____

1100 W. 31st Street
Number Street _____

Downers Grove Illinois 60515
City State Zip Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check
one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured
Claims

Last 4 digits of account number _____

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6.

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.
 Add the amounts for each type of unsecured claim.

		Total claims
Total claims from Part 1	6a. Domestic support obligations.	6a. \$0.00
	6b. Taxes and certain other debts you owe the government	6b. \$0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$0.00
	6e. Total. Add lines 6a through 6d.	6e. \$0.00
Total claims from Part 2	6f. Student loans	6f. \$6,508.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$56,397.99
	6j. Total. Add lines 6f through 6i.	6j. \$62,905.99

Fill in this information to identify your case:

Debtor 1	JaTina	Harrison	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of Illinois	
Case number (If known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1 Calumet City Properties Name P.O. Box 5441 Number Street Lansing Illinois 60438 City State Zip Code	Residential Lease, Debtor is Lessee, Yearly Lease

Fill in this information to identify your case:

Debtor 1	JaTina First Name	Middle Name	Harrison Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern		District of Illinois (State)	
Case number (If known) _____			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number Street _____

City _____ State _____ Zip Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1	JaTina	Harrison	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of Illinois	
Case number (if known)			

Check if this is:

- An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2		
Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed		
Occupation				
Employer's name				
Employer's address	Number Street _____ _____ _____			
	City	State Zip Code	City	State Zip Code
How long employed there?				

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

For Debtor 1	For Debtor 2 or non-filing spouse
2. _____ \$0.00	_____
3. _____ + \$0.00	_____
4. _____ \$0.00	_____

Debtor 1 First Name	Middle Name	Harrison Last Name	Case number (if known)
	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	→ 4. \$0.00		
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$0.00		
5b. Mandatory contributions for retirement plans	5b. \$0.00		
5c. Voluntary contributions for retirement plans	5c. \$0.00		
5d. Required repayments of retirement fund loans	5d. \$0.00		
5e. Insurance	5e. \$0.00		
5f. Domestic support obligations	5f. \$0.00		
5g. Union dues	5g. \$0.00		
5h. Other deductions. Specify: _____	5h. + \$0.00	+ _____	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$0.00		
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$0.00		
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small>	8a. \$0.00		
8b. Interest and dividends	8b. \$0.00		
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small>	8c. \$0.00		
8d. Unemployment compensation	8d. \$0.00		
8e. Social Security	8e. \$0.00		
8f. Other government assistance that you regularly receive <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: _____</small>	8f. \$0.00		
8g. Pension or retirement income	8g. \$0.00		
8h. Other monthly income. Specify: Short Term Disability Income	8h. + \$2,048.00	+ _____	
9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$2,048.00		
10. Calculate monthly income. Add line 7 + line 9. <small>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse</small>	10. \$2,048.00	=	\$2,048.00
11. State all other regular contributions to the expenses that you list in Schedule J. <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____</small>	11. + \$0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. <small>Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies</small>	12. \$2,048.00		
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	JaTina	Harrison	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (If known)			

Check if this is:

- An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.	<input type="checkbox"/> Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
------------------------------------	--	--	-----------------	-------------------------------

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4.	\$950.00
If not included in line 4:	
4a. Real estate taxes	4a. \$0.00
4b. Property, homeowner's, or renter's insurance	4b. \$0.00
4c. Home maintenance, repair, and upkeep expenses	4c. \$0.00
4d. Homeowner's association or condominium dues	4d. \$0.00

Debtor 1	First Name	Middle Name	Last Name	Case number (if known)	
					Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans				5. <u>\$0.00</u>
6. Utilities:					
6a.	Electricity, heat, natural gas				6a. <u>\$160.00</u>
6b.	Water, sewer, garbage collection				6b. <u>\$0.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services				6c. <u>\$140.00</u>
6d.	Other. Specify: _____				6d. <u>\$0.00</u>
7. Food and housekeeping supplies 7. <u>\$300.00</u>					
8. Childcare and children's education costs 8. <u>\$0.00</u>					
9. Clothing, laundry, and dry cleaning 9. <u>\$60.00</u>					
10. Personal care products and services 10. <u>\$50.00</u>					
11. Medical and dental expenses 11. <u>\$0.00</u>					
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. <u>\$400.00</u>					
13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. <u>\$0.00</u>					
14. Charitable contributions and religious donations 14. <u>\$0.00</u>					
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.					
15a.	Life insurance				15a. <u>\$0.00</u>
15b.	Health insurance				15b. <u>\$0.00</u>
15c.	Vehicle insurance				15c. <u>\$0.00</u>
15d.	Other insurance. Specify: _____				15d. <u>\$0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ 16. <u>\$0.00</u>					
17. Installment or lease payments:					
17a.	Car payments for Vehicle 1				17a. <u>\$0.00</u>
17b.	Car payments for Vehicle 2				17b. <u>\$0.00</u>
17c.	Other. Specify: _____				17c. <u>\$0.00</u>
17d.	Other. Specify: _____				17d. <u>\$0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. <u>\$0.00</u>					
19. Other payments you make to support others who do not live with you. Specify: _____ 19. <u>\$0.00</u>					
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.					
20a.	Mortgages on other property				20a. <u>\$0.00</u>
20b.	Real estate taxes.				20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance				20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses.				20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues				20e. <u>\$0.00</u>

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
First Name Middle Name Last Name

21. Other. Specify:	21	\$0.00
22. Calculate your monthly expenses.		
22a. Add lines 4 through 21.		\$2,060.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$0.00
22c. Add line 22a and 22b. The result is your monthly expenses.	22.	\$2,060.00
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a	\$2,048.00
23b. Copy your monthly expenses from line 22 above.	23b	\$2,060.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	(\$12.00)

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

- No
 Yes

Explain here:

Fill in this information to identify your case:

Debtor 1	JaTina First Name	Harrison Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern		District of Illinois (State)	
Case number (If known) _____			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1: Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ JaTina Harrison

Signature of Debtor 1

Date 8/21/2018
MM/DD/YYYY

X

Signature of Debtor 2

Date _____
MM/DD/YYYY

Fill in this information to identify your case:

Debtor 1	JaTina First Name	Middle Name	Harrison Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern		District of Illinois (State)	
Case number (If known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
15516 Dante Number Street	From _____ To _____	Number Street	From _____ To _____
Dolton City	Illinois State	60419 Zip Code	City State Zip Code
		<input type="checkbox"/> Same as Debtor 1	
Number Street	From _____ To _____	Number Street	From _____ To _____
City	State	Zip Code	City State Zip Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 JaTina _____
 First Name Middle Name Harrison Last Name Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$20127.63	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, 2017) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$32110.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, 2016) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$35774.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.
From January 1 of current year until the date you filed for bankruptcy:	Est. YTD Disability	\$10,046.62	_____
For last calendar year: (January 1 to December 31, 2017) YYYY	Est. 2017 Disability	\$11,000.00	_____
For the calendar year before that: (January 1 to December 31, 2016) YYYY		\$0.00	_____

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Number Street	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
City State Zip Code	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Creditor's Name	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Number Street	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
City State Zip Code	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Creditor's Name	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Number Street	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
City State Zip Code	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other

Debtor 1 JaTina _____
 First Name Middle Name Last Name Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	_____	_____	_____	
Number Street	_____	_____	_____	
City State Zip Code	_____	_____	_____	
Insider's Name	_____	_____	_____	
Number Street	_____	_____	_____	
City State Zip Code	_____	_____	_____	

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment <i>Include creditor's name</i>
Insider's Name	_____	_____	_____	
Number Street	_____	_____	_____	
City State Zip Code	_____	_____	_____	
Insider's Name	_____	_____	_____	
Number Street	_____	_____	_____	
City State Zip Code	_____	_____	_____	

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____	Court Name _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____	NumberStreet _____	
City _____ State _____ Zip Code		
Case title _____	Court Name _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____	NumberStreet _____	
City _____ State _____ Zip Code		

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property	Date	Value of the property
2012 Chevrolet Malibu	_____	\$0 _____
Explain what happened		
<input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Describe the property	Date	Value of the property
_____	_____	_____
Explain what happened		
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Creditor's Name _____	_____	_____
Number Street _____	_____	_____
City _____ State _____ Zip Code		

Debtor 1 JaTina **Harrison** **Case number (if known)** _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
<input type="text" value="Charity's Name"/> <input type="text"/>			
<input type="text" value="Number Street"/>			
<input type="text" value="City"/>	<input type="text" value="State"/>	<input type="text" value="Zip Code"/>	

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No
 Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Attorney's Fee - 0.00	8/21/2018	\$0.00

Debtor 1 JaTina _____
 First Name Middle Name Last Name Case number (if known) _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid _____

Number Street _____

City _____ State _____ Zip Code _____

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer _____

Number Street _____

City _____ State _____ Zip Code _____

Person's relationship to you _____

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

Person Who Received Transfer _____

Number Street _____

City _____ State _____ Zip Code _____

Person's relationship to you _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?

(These are often called asset-protection devices.)

No

Yes. Fill in the details.

Name of trust _____

Description and value of the property transferred

Date transfer was made

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
 First Name Middle Name Last Name

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

- 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Person Who Was Paid	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____
Number Street			_____
City State Zip Code			
Person Who Was Paid	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____
Number Street			_____
City State Zip Code			

- 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

No

Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
City State Zip Code		
City State Zip Code		

- 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No

Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
City State Zip Code		
City State Zip Code		

Debtor 1 JaTina Harrison Case number (if known) _____

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
 Yes. Fill in the details.

Where is the property?	Describe the contents	Value
Number Street		_____
City	State	Zip Code

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
 - *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
 - *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Governmental unit		
Number Street		
City	State	Zip Code

25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Governmental unit		
Number Street		
City	State	Zip Code

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____

First Name Middle Name Last Name

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____ Court Name _____	NumberStreet _____ City State Zip Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name _____ Number Street _____ City State Zip Code _____	Describe the nature of the business _____	Employer Identification number Do not include Social Security number or ITIN. EIN: Dates business existed From _____ To _____
Business Name _____ Number Street _____ City State Zip Code _____	Describe the nature of the business _____	Employer Identification number Do not include Social Security number or ITIN. EIN: Dates business existed From _____ To _____
Business Name _____ Number Street _____ City State Zip Code _____	Describe the nature of the business _____	Employer Identification number Do not include Social Security number or ITIN. EIN: Dates business existed From _____ To _____

Debtor 1 JaTina _____ Harrison _____ Case number (if known) _____
First Name Middle Name Last Name

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name _____ MM/DD/YYYY _____

Number Street _____

City _____ State _____ Zip Code _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

/s/ JaTina Harrison

Signature of Debtor 1

Date 8/21/2018

X

Signature of Debtor 2

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	JaTina First Name	Harrison Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern		District of Illinois (State)	
Case number (If known) _____			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

- For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Honor Finance Description of property securing debt: 2012 Chevrolet Malibu	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.
Creditor's name: Description of property securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
Creditor's name: Description of property securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
Creditor's name: Description of property securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.

Debtor JaTina
1 First Name Middle Name Last Name Harrison Case number (if known)

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased property:	

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

 /s/ JaTina Harrison

Signature of Debtor 1

Date 8/21/2018
MM/DD/YYYY



Signature of Debtor 2

Date
MM/DD/YYYY

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re _____ Case No. _____
JaTina Harrison _____ (If known)
Debtor Chapter _____
Chapter 7 _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	<u>\$1,750.00</u>
Prior to the filing of this statement I have received	<u>\$0.00</u>
Balance Due	<u>\$1,750.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify) _____

3. The source of the compensation paid to me is:

Debtor Other (specify) _____

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

8/21/2018

Date

/s/ Hilary L Jabs

Signature of Attorney

Semrad Law Firm

Name of law firm

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- **You are an individual filing for bankruptcy,**
and
- **Your debts are primarily consumer debts.**

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11 — Reorganization
- Chapter 12 — Voluntary repayment plan for family farmers or fishermen
- Chapter 13 — Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	
\$15	trustee surcharge
	<hr/>
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
<hr/>	
\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	administrative fee
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	administrative fee
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury - either orally or in writing - in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit20AndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re: Harrison, JaTina _____ Case No. _____
Debtor(s) _____ Chapter. _____ **Chapter7** _____

VERIFICATION OF CREDITOR MATRIX

The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 8/21/2018 _____ /s/ Harrison, JaTina _____
Harrison, JaTina
Signature of Debtor

Honor Finance
909 DAVIS ST STE 260
EVANSTON, IL, 60201

CAVALRY PORTFOLIO SERV
4050 E COTTON CENTER BLV
PHOENIX, AZ, 85040

DEPT OF EDUCATION/NELN
121 S 13TH ST
LINCOLN, NE, 68508

I C SYSTEM INC
PO BOX 64378
SAINT PAUL, MN, 55164

ENHANCED RECOVERY CO L
8014 BAYBERRY RD
JACKSONVILLE, FL, 32256

MIDWST RCVRY
2747 W CLAY STREET SUITE A
SAINT CHARLES, MO, 63301

SOUTHWEST CREDIT SYSTE
5910 W PLANO PKWY STE 10
PLANO, TX, 75093

MBB
1550 N NORTWEST HWY STE 403
PARK RIDGE, IL, 60068

DIVERSIFIED CONSULTANT
10550 DEERWOOD PARK BLVD
JACKSONVILLE, FL, 32256

ONLINE COLLECTIONS
PO BOX 1489
WINTERVILLE, NC, 28590

RADIUS GLOBAL SOLUTION
50 W SKIPACK PIKE
AMBLER, PA, 19002

WAKEFIELD & ASSOCIATES
PO Box 50250
Knoxville, TN, 37950

CAINE & WEINER CO
PO BOX 55848
SHERMAN OAKS, CA, 91413

TRANSWORLD SYS INC/55
507 Prudential Rd
Horsham, PA, 19044

Universal Credit Acceptance
910 N Bluff Rd
Collinsville, IL, 62234

Laclede Gas Company
700 Market St
Attn: Jane M. Bensley
Saint Louis, MO, 63101

Illinois American Water Co.
Po Box 3027
Milwaukee, WI, 53201

T-Mobile Bankruptcy Team
PO Box 53410
Bellevue, WA, 98015

Nationwide Credit & Collection, Inc
PO BOX 3219
Hinsdale, IL, 60522

Dupage Medical Group
15921 Collection Center Drive
Chicago, IL, 60693

IICIA-Integrated Imaging Consultants, LLC
PO Box 95040
Chicago, IL, 60694

Advanced Midwest Radiology
44000 Garfield Road
Clinton Township, MI, 48038

Kurtz Ambulance Service, Inc.
PO Box 457
Wheeling, IL, 60090

Silver Cross Hospital
PO Box 100
Joliet, IL, 60434

comprehensive pathology svc
26570 Network Pl
Chicago, IL, 60673

EM Strategies
Po Box 487
Bedford Park, IL, 60499

Midwest Express Clinic - Munster
8135 S Calumet Ave
Munster, IN, 46321-1701

South Suburban Gastroenterology, SC
17901 Governors Highway
Homewood, IL, 60430

American Medical Collection Agency
4 Westchester Plaza
Building 4
Elmsford, NY, 10523

SSM Health St. Mary's Hospital - St. Louis
6420 Clayton Rd
Saint Louis, MO, 63117

SSM Health Saint Louis University Hospital
3660 Vista Ave
Saint Louis, MO, 63110

Barnes Jewish Hospital
1 Barnes Jewish Hospital Plaza
Saint Louis, MO, 63110

Northwest Healthcare
1225 Graham Rd
Florissant, MO, 63031

Advance America
17655 Torrence Ave
Lansing, IL, 60438

StoneHaven Apartments
205 Chaparrall Creek Dr
Hazelwood, MO, 63042

Green Door Apartments
101 Adeline Dr
Belleville, IL, 62221

Aunt Martha's Women's Health Center
233 W Joe Orr Rd.
Chicago Heights, IL, 60411

CRI Commercial Properties
1917 Rutger
Saint Louis, MO, 63104

Affinia Healthcare
4414 N Florissant Ave
Saint Louis, MO, 63107

Palos Anesthesia Assoc SC
Department 4622
Carol Stream, IL, 60122

Palos Diagnostics SC
PO BOX 5958
Carol Stream, IL, 60197

Palos Health
12251 S 80th Ave,
Chicago, IL, 60643

AMCA
Po Box 1235
Elmsford, NY, 10523

Physicians Immediate Care - Chicago
PO Box 8799
Carol Stream, IL, 60197

1st Loan Financial
4714 W Lincoln Highway
Matteson, IL, 60443

Check N Go
2116 W Jefferson St
Joliet, IL, 60435

National Credit Adjusters
ATTN: Michael Swanson, PO Box 3023
Hutchinson, KS, 67504

Bank of America
1701 River Oaks Dr # D
Calumet City, IL, 60409

US Bank
Po Box 790408
Saint Louis, MO, 63179

Canfield Green Apartments
2974 Coppercreek Rd
Saint Louis, MO, 63136

THE SEMRAD LAW FIRM

Attorneys & Counselors at Law
20 S. Clark, 28th Floor
Chicago, IL 60603
(312) 913-0625

Thank you for selecting The Semrad Law Firm LLC (the "Firm") as legal counsel. It is our policy to confirm in writing the terms of our engagement, including the scope of our representation and how we will charge for our legal services. Those terms are set forth below.

1. Scope of Representation. The Firm will be representing you in all aspects of your Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code except for any adversary proceedings that may be filed against you. The scope of this representation does not include any other civil or criminal proceedings.
2. Conditional Representation. The Firm has agreed to represent you on the condition that you will enter into and sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case. If you refuse to enter into and sign the agreement within ten (10) days after the filing of your case, the Firm will file a motion to withdraw from representing you.
3. Prepetition Fees.
 - a. Before the case is filed, the Firm agrees to:
 - i. Personally counsel you regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures as well as non-bankruptcy options, and answer your questions;
 - ii. Personally explain to you that the Firm is being engaged to represent you on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees are determined and paid;
 - iii. Personally review with you and sign the completed petition, statements, and schedules;
 - iv. Timely prepare and file your petition, statements, and schedules,
 - v. Advise you on which creditors you will need to continue to pay, such as housing or vehicle payments that you intend to retain.
 - b. The fee for services provided before the case is filed is **\$0.00**.
 - c. The Firm may also incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.
4. Post-Petition Fees.
 - a. After the case is filed, the Firm agrees to:
 - i. Advise you of the requirement to attend the meeting of creditors and notify you of the date, time, and place of the meeting;
 - ii. Advise you of the requirement to attend a debtor education course and provide a certificate of completion to the Firm;

- iii. Send notice of your case filing to creditors;
 - iv. Correspond with creditors regarding any matters necessary for the administration of your case, including to cease payroll garnishments, unfreeze bank accounts, or recover property that was improperly seized by a creditor;
 - v. Timely submit to the Chapter 7 trustee properly documented proof of income, tax records as well as any other necessary documentation;
 - vi. Provide you with knowledgeable legal representation at the meeting of creditors as well as any continued or rescheduled meetings in time for check-in and examination;
 - vii. Timely prepare and file the notice of completion of the debtor education course;
 - viii. If the Firm will be employing another attorney to attend the meeting of creditors, personally explain to you, in advance, the role and identity of the other attorneys and provide that attorney with your file in sufficient time to review it and properly represent you at the meeting;
 - ix. Timely negotiate with the Trustee regarding any property or actions that the Trustee may pursue that could be adverse to your interests;
 - x. Timely prepare, file, and serve any necessary statements, amended statements, amended schedules and any change of address, in accordance with information provided by you;
 - xi. Monitor all incoming case information, including but not limited to, Reaffirmation agreements, notice of audits by the US Trustee, correspondence from you or any interested parties;
 - xii. Review and negotiate, if necessary, any reaffirmation agreements and personally explain the terms of said agreements to you;
 - xiii. Be available to respond to your questions throughout the term of the case;
 - xiv. Review and timely respond, if necessary, to Trustee motions to dismiss the case;
 - xv. Review and timely respond, if necessary, to motions for relief from stay;
 - xvi. Prepare, file, and serve all appropriate motions to avoid liens;
 - xvii. Prepare, file, and serve all appropriate motion to redeem;
 - xviii. Send *In Re Mendiola* letters to previously undisclosed creditors; and
 - xix. Provide any other legal services necessary for the administration of the case.
- b. The fee for services provide after the case is filed is **\$2085.00**.
- c. The firm will have no right to payment of the fee listed in section 4(b) unless you sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case.
- d. After the case is filed, the Bankruptcy Court will require payment of filing fees in the amount of \$335.00. In order to pay this, you have two (2) options (please circle one):

i. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or

ii. Request that the Firm pay the costs on your behalf for which it will seek reimbursement from you;

5. Retainers and Payments to the Firm.

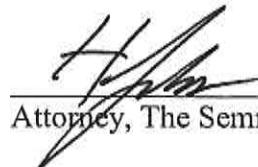
- a. The fee being charged to you is a flat fee for services rendered during the Chapter 7 case and will be applied without the need for the Firm to keep detailed time records for the specific services performed.
- b. Any funds paid to the Firm shall immediately become property of the Firm and will be deposited into the operating account of the Firm and will be used for general expenses of the firm.
- c. While it is ordinarily your option to deposit funds with an attorney that shall remain your property as security for future services, the Firm does not represent clients under such a security retainer because bankruptcy cases require many disparate tasks and functions for the attorneys and support staff; some of which require legal expertise while others may only be ministerial in nature. The benefit to you is the firm's commitment to perform any and all work necessary to represent you in this Chapter 7 bankruptcy.

6. Right to Hire New Counsel. You always have the right at any time to terminate the Firm's representation and hire new counsel. Should you refuse to sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case, and the Firm moves to withdraw from representing you, you are strongly encouraged to hire new counsel.

7. Conflict Waiver. There is an inherent conflict wherever attorneys represent debtors in bankruptcy for a fee. The Firm is working to alleviate financial issues, while at the same time charging a fee. There have also previously been cases that questioned whether asking you to sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case presents a possible additional conflict of interest. The Firm may only represent you if that representation will not be materially limited by the Firm's own interests. We believe our ability to represent you will not be affected by your ongoing obligation to pay our post-petition fee. By signing this agreement, you are waiving this conflict and are allowing us to represent you. You do not have to waive this conflict of interest and can instead choose for the Firm not to represent you. You also have the right to consult separate counsel to discuss whether you should waive this conflict.

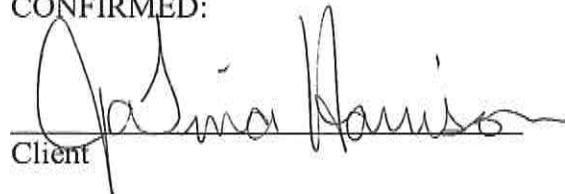
8. Merger. This agreement constitutes the entire agreement between you and the Firm. Any previous discussions or agreements are not valid or enforceable unless contained in this document.

Very truly Yours,



Attorney, The Semrad Law Firm

CONFIRMED:



Client

AUG 21 2018

Date

Client

Date

The Semrad Law Firm, LLC
20 S. Clark Street, 28th Floor Chicago IL 60603

CHAPTER 7 DISCLAIMERS

1. I understand that The Semrad Law Firm, LLC has pulled my credit report, but that credit report does not report every debt I owe. I understand that it is my responsibility to provide all my debts to The Semrad Law Firm, LLC to list in my bankruptcy.

2. I agree that in the preparation of my bankruptcy petition and schedules that I have disclosed to The Semrad Law Firm, LLC all my debts, sources of income, assets, personal property, real property, transfers of real estate or any property over the past 4 years, and all expenses I have.

3. I agree that I will attend my creditors meeting at the time, date, and location that will be mailed to me by the Bankruptcy Court. Failure to attend this meeting is grounds for my case to be dismissed. I understand that at this meeting I will bring my **driver's license or State ID and my original social security card**. I understand that failure to bring said requested documents to the meeting could be grounds for the meeting to not be held.

4. I understand and agree to complete my 2nd credit counseling course (Debtor Education course) within 45 days of my original 341 meeting date, and submit a copy of the certificate to my attorney and confirm receipt of the certificate. I also understand that there will be a separate cost for the 2nd course. I understand that failure to complete this 2nd course and submit it to my attorney can be grounds to have my case close without a discharge. I understand that if my case closes without a discharge, that additional filing fees would have to be paid to re-open my case to file the 2nd Debtor Education certificate.

5. If I have a garnishment coming out of my paycheck, The Semrad Law Firm, LLC will send notice of the bankruptcy to my payroll department and garnishing creditor to stop wage garnishments as long as I provide my payroll department contact information. If I choose to not provide my payroll contact information, I understand and agree that it is my responsibility to contact my payroll and garnishing creditor and provide them with proof of filing. Further, although the Semrad Law Firm, LLC will send notice of the bankruptcy filing to my payroll department and garnishing creditor, it is my responsibility to ensure notice was received.

The Semrad Law Firm, LLC
20 S. Clark Street, 28th Floor Chicago IL 60603

6. I understand that I must have filed my federal and state taxes for the past 4 years if I was legally required to, and failure to have done so is grounds to have my case dismissed.

7. I understand that the entire firm of The Semrad Law Firm, LLC represents me and that while a different attorney might have counseled me and prepared my case, once it is filed, my case will be assigned to the attorneys and staff of the Chapter 7 department for the remainder of my case.

8. I understand and agree that I must fully disclose any and all assets, real property, cash, expected tax refunds, inheritance, or personal property of any kind prior to the filing of my bankruptcy.

9. I further understand that any assets including, but not limited to real property, cash, expected tax refunds, future settlements, potential or pending lawsuits, or personal property that has equity that cannot be exempted is subject to liquidation by the Chapter 7 Trustee.

10. I understand that the following debts will not be discharged in my Chapter 7 (this list shows the most common non-dischargeable debts, but not necessarily all): parking tickets, moving violations, student loans, certain governmental debts including taxes and code violations, and child support.

11. I understand that if I wish to keep a secured debt, for example, a mortgage(s) or automobile, I must sign a reaffirmation agreement. I understand that even if I am current on the debt, a reaffirmation agreement is offered solely at the discretion of the creditor. I understand that for my creditor(s) to offer me a reaffirmation agreement I must be current on my monthly payment. If I do not have a reaffirmation agreement offered to me by my finance company, that I may not be able to keep my secured debt.

12. I understand that I will work with my attorney to ensure the reaffirmation agreements are timely received, signed and filed with the Court. I understand the reaffirmation agreement must be filed with the court before the case discharges. Once the reaffirmation agreement is signed, filed with the Court and approved, the debt will be non-dischargeable. I understand that the bankruptcy judge will review my budget when approving or denying the reaffirmation agreement and that it is possible that the judge may determine that the reaffirmation is not in my best interest and deny the reaffirmation.

The Semrad Law Firm, LLC
20 S. Clark Street, 28th Floor Chicago IL 60603

13. I understand that the scope of representation from The Semrad Law Firm, LLC does not extend to credit repair.

14. I understand that if I have made any recent credit card transactions, cash advances, or incurred loans during the 3 month period prior to my bankruptcy, an adversary lawsuit may be brought against me in bankruptcy court. An adversary is a lawsuit in which a creditor asks the court to make certain debt non-dischargeable. I understand that if I want The Semrad Law Firm, LLC to represent me in an adversary I must pay additional attorney's fees.

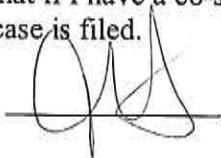
15. I have disclosed all prior bankruptcies that I have filed in the last eight (8) years. I further understand that if I have filed a Chapter 7 bankruptcy in the last eight (8) years, I am not eligible to file a Chapter 7 right now.

16. I understand that to be eligible for a Chapter 7 I cannot have any disposable income after paying all my monthly expenses, and I also have to pass the Form 122A Means test, and if I do have a significant amount of disposable income available or fail the Form 122A that I may be ineligible for a Chapter 7. I understand that if I do have any disposable income and we attempt to rebut the presumption, the United States Trustee may deem my case an abuse and I may have to convert to a Chapter 13 or let my case be dismissed.

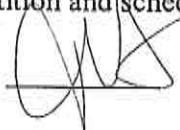
17. I understand and acknowledge that when I surrender real property through my Chapter 7 bankruptcy that the property is still my responsibility until it is sold at a foreclosure sale. I must keep up the property insurance and maintenance of said property, including, but not limited to, future water bills until the sale date. I understand that, if I neglect to maintain the property and am assessed city code violations, I will be responsible to pay those fines. Further, I must continue to pay homeowners and association fees after the bankruptcy is filed until the property is sold. If I do not pay these fees the Association can sue me for the balance of unpaid fees from the filing of the bankruptcy until the property is sold.

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18. I understand that if I have a co-signer on any of my debts, the co-signer will still be responsible for that debt after the case is filed.



19. I agree that I authorized The Semrad Law Firm, LLC to file my bankruptcy case, after I reviewed my bankruptcy petition and schedules.



Debtor 1 JaTina
First Name Middle Name Harrison Last Name Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have? 16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
 No.
 Yes.

18. How many creditors do you estimate that you owe?

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x

/s/ JaTina Harrison

Signature of Debtor 1

x

Signature of Debtor 2

Executed on 8/21/2018

MM / DD / YYYY

Executed on

MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	JaTina	Harrison	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1: Sign Below

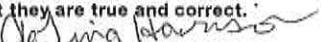
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.


 /s/ JaTina Harrison

Signature of Debtor 1

Date 8/21/2018
MM/DD/YYYY



Signature of Debtor 2

Date
MM/DD/YYYY

Debtor 1 JaTina
First Name Middle Name Harrison Last Name Case number (*if known*)

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

Date issued

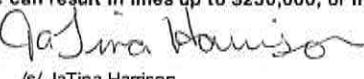
Name _____ MM/DD/YYYY _____

Number Street _____

City _____ State _____ Zip Code _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.


X _____

/s/ JaTina Harrison
Signature of Debtor 1

X _____

Signature of Debtor 2

Date

Date 8/21/2018

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of person

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Debtor JaTina
1 First Name Middle Name Last Name Case number (if known)

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

- No
 Yes

Description of leased property:

Lessor's name:

- No
 Yes

Description of leased property:

Lessor's name:

- No
 Yes

Description of leased property:

Lessor's name:

- No
 Yes

Description of leased property:

Lessor's name:

- No
 Yes

Description of leased property:

Lessor's name:

- No
 Yes

Description of leased property:

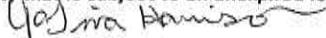
Lessor's name:

- No
 Yes

Description of leased property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.



/s/ JaTina Harrison

Signature of Debtor 1

Date 8/21/2018
MM/DD/YYYY

Signature of Debtor 2

Date
MM/DD/YYYY

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re: Harrison, JaTina
Debtor(s)

Case No. _____

Chapter. Chapter7

VERIFICATION OF CREDITOR MATRIX

The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.



Date: 8/21/2018

/s/ Harrison, JaTina

Harrison, JaTina
Signature of Debtor

Debtor 1 JaTina First Name	Middle Name	Harrison Last Name	Case number (if known)
			Column A Debtor 1
			Column B Debtor 2 or non-filing spouse
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you _____ For your spouse _____			\$0.00 _____
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.			\$0.00 _____
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.			
Short-Term Disability _____			\$682.67 _____
Total amounts from separate pages, if any.			+ \$0.00 _____ + _____ = \$3,305.42
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.			\$3,305.42 + _____ = \$3,305.42
			Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11.

Copy line 11 here →

\$3,305.42

Multiply by 12 (the number of months in a year).

X 12

12b. The result is your annual income for this part of the form.

12b.

\$39,665.04

13 Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Illinois

Fill in the number of people in your household.

1

Fill in the median family income for your state and size of household.

13. \$52,410.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.
Go to Part 3.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.
Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.


 /s/ JaTina Harrison

Signature of Debtor 1

Date 8/21/2018
MM/DD/YYYY

x

Signature of Debtor 2

Date 8/21/2018
MM/DD/YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.
If you checked line 14b, fill out Form 122A-2 and file it with this form.